**AIM Parent/Carer Champion Network**

***For Parents/Carers of Children & Young People affected by gangs, exploitation, and serious youth violence.***

Voluntary Peer Support, advice, reassurance and guidance for parents/carers whose children may be at risk of or who have experienced violence, exploitation, trauma, arrest, or school exclusion across the London Borough of Hounslow**.**

The aims of the project are to:

* To reduce parental isolation by matching them with a relatable Parent Carer Champion and enhance their accessibility to support networks/services.
* To increase parents/carers awareness and knowledge of exploitation, safeguarding/child protection.
* To empower parents/carers to play an integral role in safeguarding and supporting their child/young person alongside their own resilience.

Please return this form to:

Astrid Edwards at AIM/PCCN isleworthmother@gmail.com Contact: 07774295134

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| **About the Parent/Carer** |
| **Name:** | **DOB:** |
| **Ethnicity:** Choose an item. | **Contact number:**  |
| **Address:** | **Email address:** |

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| **Does the parent/carer have any safeguarding concerns, special educational needs, disabilities, or requirements relating to illness, impairment, or other? Does the parent/carer have safe and stable accommodation?** (Please specify) |
| **Please briefly describe the current situation that the parent/carer needs support with.** **(Please indicate whether there are any other professionals/services supporting the parent/carer &/or child/siblings with relevant contacts)** |
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| **What are your hopes for this engagement with the AIM Parent/Carer Champion Network? (What support would they like to access/do they feel they need)** |
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| **Parent/Carer’s consent to the AIM Parent/Carer Champion Network Peer Support** I consent to my information being shared for this referralVerbal consent can be obtained but please ensure the details given on this form are shared with the client for their agreement.**……………………………………... ……………………………………...** **Parent/Carers signature Date of referral**  |

Would the parent/carer prefer to access support via **telephone**, **video call** or **in person or both**? -

**Preferred time to be contacted?**